

Exhibit H

W. R. Grace Asbestos Personal Injury Questionnaire



10315607085574

RE:

REDACTED

REC'D JUL 12 2006

Wilentz Goldman & Spitzer
PO Box 10
90 Woodbridge Center Drive
Woodbridge NJ 07095



000512085574



WR GRACE PIQ 57784-0002

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IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE



In re:) Chapter 11
W. R. GRACE & CO., et al.,) Case No. 01-01139 (JKF)
Debtors.) Jointly Administered
)
)

W. R. Grace Asbestos Personal Injury Questionnaire

YOU HAVE RECEIVED THIS QUESTIONNAIRE BECAUSE GRACE BELIEVES THAT YOU HAD SUED ONE OR MORE OF THE DEBTORS LISTED IN APPENDIX A ATTACHED TO THIS QUESTIONNAIRE BEFORE GRACE FILED FOR BANKRUPTCY ON APRIL 2, 2001 FOR AN ASBESTOS-RELATED PERSONAL INJURY OR WRONGFUL DEATH CLAIM, AND THAT CLAIM WAS NOT FULLY RESOLVED.

IF YOU HAVE SUCH A CLAIM, YOU MUST COMPLETE AND SUBMIT THIS QUESTIONNAIRE BY JANUARY 12, 2006 TO RUST CONSULTING, INC., THE CLAIMS PROCESSING AGENT, AT ONE OF THE FOLLOWING ADDRESSES:

IF SENT BY U.S. MAIL

RUST CONSULTING, INC.
CLAIMS PROCESSING AGENT
RE: W.R. GRACE & CO. BANKRUPTCY
P.O. BOX 1620
FARIBAULT, MN 55021

**IF SENT BY FEDERAL EXPRESS, UNITED PARCEL
SERVICE, OR A SIMILAR HAND DELIVERY SERVICE**

RUST CONSULTING, INC.
CLAIMS PROCESSING AGENT
RE: W.R. GRACE & CO. BANKRUPTCY
201 S. LYNDAL AVE.
FARIBAULT, MN 55021

A QUESTIONNAIRE (AND ANY AMENDMENTS OR ADDITIONAL DOCUMENTS IN SUPPORT OF THE QUESTIONNAIRE) WILL NOT BE CONSIDERED UNLESS RECEIVED BY RUST CONSULTING, INC. BY JANUARY 12, 2006.

THIS QUESTIONNAIRE IS AN OFFICIAL DOCUMENT APPROVED BY THE COURT IN CONNECTION WITH ESTIMATING GRACE'S ASBESTOS-RELATED PERSONAL INJURY AND WRONGFUL DEATH CLAIMS AS A WHOLE. THE QUESTIONNAIRE IS BEING USED BY W. R. GRACE AS A MEANS TO SEEK INFORMATION ABOUT YOUR ASBESTOS CLAIM. BY TIMELY RETURNING THE QUESTIONNAIRE AS COMPLETELY AND ACCURATELY AS POSSIBLE, GRACE, THE OFFICIAL COMMITTEES, AND THE FUTURE CLAIMANTS REPRESENTATIVE WILL SEEK TO PRIORITIZE THE PROCESSING OF YOUR CLAIM UNDER ANY TRUST DISTRIBUTION PROCEDURES APPROVED AS PART OF A PLAN OF REORGANIZATION.

THE COURT HAS ORDERED THAT, AS PART OF THE DISCOVERY PROCESS, ALL HOLDERS OF PRE-PETITION ASBESTOS PERSONAL INJURY CLAIMS MUST COMPLETE AND RETURN THIS QUESTIONNAIRE. THUS, FAILURE TO TIMELY RETURN THE QUESTIONNAIRE AS COMPLETELY AND ACCURATELY AS POSSIBLE MAY RESULT IN SANCTIONS AND/OR OTHER RELIEF AVAILABLE UNDER APPLICABLE FEDERAL RULES.

BECAUSE YOUR CLAIM WILL BE EVALUATED IN ACCORDANCE WITH THE TRUST DISTRIBUTION PROCEDURES APPROVED AS PART OF A PLAN OF REORGANIZATION, COMPLETION OF THIS QUESTIONNAIRE DOES NOT MEAN THAT YOUR CLAIM WILL EITHER BE ALLOWED OR PAID. TO THE EXTENT YOU ATTACH TO THIS QUESTIONNAIRE DOCUMENTS ALSO NEEDED BY THE TRUST TO PROCESS YOUR CLAIM, SUCH DOCUMENTS WILL BE PROVIDED TO THE TRUST AND YOU WILL NOT NEED TO RESUBMIT THEM.

INSTRUCTIONS**A. GENERAL**

1. This Questionnaire refers to any lawsuit that you filed before April 2, 2001 for an "asbest^{WR GRACE PIQ 57764-0004} or wrongful death claim." This term is intended to cover any lawsuit alleging any claim for personal injuries or damages that relates to: (a) exposure to any products or materials containing asbestos that were manufactured, sold, supplied, produced, specified, selected, distributed or in any way marketed by one or more of the Debtors (or any of their respective past or present affiliates, or any of the predecessors of any of the Debtors or any of their respective past or present affiliates), or (b) exposure to vermiculite mined, milled or processed by the Debtors (or any of their respective past or present affiliates, any of the predecessors of any of the Debtors or any of their predecessors' respective past or present affiliates). It includes claims in the nature of or sounding in tort, or under contract, warranty, guarantee, contribution, joint and several liability, subrogation, reimbursement, or indemnity, or any other theory of law or equity, or admiralty for, relating to, or arising out of, resulting from, or attributable to, directly or indirectly, death, bodily injury, sickness, disease, or other personal injuries or other damages caused, or allegedly caused, directly or indirectly, and arising or allegedly arising, directly or indirectly, from acts or omissions of one or more of the Debtors. It includes all such claims, debts, obligations or liabilities for compensatory damages such as loss of consortium, personal or bodily injury (whether physical, emotional or otherwise), wrongful death, survivorship, proximate, consequential, general, special, and punitive damages.
2. Your Questionnaire will be deemed filed only when it has been received by Rust Consulting Inc., the Claims Processing Agent, via U.S. Mail, Federal Express, United Parcel Service or a similar hand delivery service. A Questionnaire that is submitted by facsimile, telecopy or other electronic transmission will not be accepted and will not be deemed filed.

Do not send any Questionnaire to the Debtors, counsel for the Debtors, the Future Claimants Representative, the Official Committee of Unsecured Creditors, the Official Committee of Asbestos Personal Injury Claimants, the Official Committee of Asbestos Property Damage Claimants, the Official Committee of Equity Security Holders, or such Committees' counsel. Questionnaires that are filed with or sent to anyone other than Rust Consulting, Inc. will be deemed not to have been submitted, and such Questionnaires will not be considered.
3. Your completed Questionnaire must (i) be written in English, and (ii) attach relevant supporting materials as instructed further below.
4. All holders of claims described on page i (and as described in further detail in Instruction A (1) above) are required to file this Questionnaire by Jan. 12, 2006. Your Questionnaire will be used in connection with the estimation hearing to be conducted by the Court pursuant to the Estimation Procedures Order (a copy of which is attached as Appendix B).
5. Any subsequent amendment to the Questionnaire will not be considered for any purpose unless received by Jan. 12, 2006.

B. PART I -- Identity of Injured Person and Legal Counsel

Respond to all applicable questions. If you are represented by a lawyer, then in Part I (b), please provide your lawyer's name and the name, telephone number and address of his/her firm. If you are represented by a lawyer, he/she must assist in the completion of this Questionnaire. Also, if you would prefer that the Debtors send any additional materials only to your lawyer, instead of sending such materials to you, then check the box indicating this in Part I (b).

All references to "you" or the like in Parts I through X shall mean the injured person. If the injured person is deceased, then the executor of the person's will (or similar estate representative) must complete this Questionnaire.

C. PART II -- Asbestos-Related Condition(s)

Please indicate all asbestos-related medical conditions for which you have been diagnosed. To complete questions related to injuries, medical diagnoses, and/or conditions, please use the following categories of customarily diagnosed conditions:

- Mesothelioma
- Asbestos-Related Lung Cancer
- Other Cancer (colon, laryngeal, esophageal, pharyngeal, or stomach)
- Clinically Severe Asbestosis
- Asbestosis
- Other Asbestos Disease

If you have been diagnosed with multiple conditions and/or if you received diagnoses and diagnostic tests relating to the same condition by multiple doctors, please complete a separate Part II for each initial diagnosis and any previous or subsequent diagnoses or diagnostic tests that change or conflict with the initial diagnosis. For your convenience, additional copies of Part II are attached as Appendix C to this Questionnaire.

Supporting Documents for Diagnosis: This Questionnaire must be accompanied by copies, with access to originals upon request, of any and all documents you, your counsel, or your doctors have or subsequently obtain that support or conflict with your diagnosis.

X-rays and B-reads: Please attach all x-ray readings and reports. You may, but are not required to, attach chest x-rays. The court, however, has ruled that Grace may seek access to chest x-rays upon request.

Pulmonary Function Tests: Please attach all pulmonary function test results, including the actual raw data and all spirometric tracings, on which the results are based.



WR GRACE PIQ 57764-0006

D. PART III - Direct Exposure to Grace Asbestos-Containing Products

In Part III, please provide the requested information for the job and site at which you were exposed to asbestos-containing products. Indicate the dates of exposure to each Grace asbestos-containing product. If your exposure was a result of your employment, use the list of occupation and industry codes below to indicate your occupation and the industry in which you worked at each site. If you allege exposure to Grace asbestos-containing products at multiple sites, the Court has ordered that you must complete a separate Part III for each site. For your convenience, additional copies of Part III are attached as Appendix D to this Questionnaire.

Attach copies of any and all documents establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the disease.

Occupation Codes

- | | |
|--|---|
| 01. Air conditioning and heating installer/maintenance | 31. Iron worker |
| 02. Asbestos miner | 32. Joiner |
| 03. Asbestos plant worker/asbestos manufacturing worker | 33. Laborer |
| 04. Asbestos removal/abatement | 34. Longshoreman |
| 05. Asbestos sprayer/spray gun mechanic | 35. Machinist/machine operator |
| 06. Assembly line/factory/plant worker | 36. Millwright/mill worker |
| 07. Auto mechanic/bodywork/brake repairman | 37. Mixer/bagger |
| 08. Boilermaker | 38. Non-asbestos miner |
| 09. Boiler repairman | 39. Non-occupational/residential |
| 10. Boiler worker/cleaner/inspector/engineer/installer | 40. Painter |
| 11. Building maintenance/building superintendent | 41. Pipefitter |
| 12. Brake manufacturer/installer | 42. Plasterer |
| 13. Brick mason/layer/hod carrier | 43. Plumber - install/repair |
| 14. Burner operator | 44. Power plant operator |
| 15. Carpenter/woodworker/cabinetmaker | 45. Professional (e.g., accountant, architect, physician) |
| 16. Chipper | 46. Railroad worker/carman/brakeman/machinist/conductor |
| 17. Clerical/office worker | 47. Refinery worker |
| 18. Construction - general | 48. Remover/installer of gaskets |
| 19. Custodian/janitor in office/residential building | 49. Rigger/stevedore/seaman |
| 20. Custodian/janitor in plant/manufacturing facility | 50. Rubber/tire worker |
| 21. Electrician/inspector/worker | 51. Sandblaster |
| 22. Engineer | 52. Sheet metal worker/sheet metal mechanic |
| 23. Firefighter | 53. Shipfitter/shipwright/ship builder |
| 24. Fireman | 54. Shipyard worker (md. repair, maintenance) |
| 25. Flooring installer/tile installer/tile mechanic | 55. Steamfitter |
| 26. Foundry worker | 56. Steelworker |
| 27. Furnace worker/repairman/installer | 57. Warehouse worker |
| 28. Glass worker | 58. Welder/blacksmith |
| 29. Heavy equipment operator (includes truck, forklift, & crane) | 59. Other |
| 30. Insulator | |

Industry Codes

- | | |
|--|--|
| 001. Asbestos abatement/removal | 109. Petrochemical |
| 002. Aerospace/aviation | 110. Railroad |
| 100. Asbestos mining | 111. Shipyard-construction/repair |
| 101. Automotive | 112. Textile |
| 102. Chemical | 113. Tire/rubber |
| 103. Construction trades | 114. U.S. Navy |
| 104. Iron/steel | 115. Utilities |
| 105. Longshore | 116. Grace asbestos manufacture or milling |
| 106. Maritime | 117. Non-Grace asbestos manufacture or milling |
| 107. Military (other than U.S. Navy) | 118. Other |
| 108. Non-asbestos products manufacturing | |

**E. PART IV -- Indirect Exposure to Grace Asbestos-Containing Products**

In Part IV, please provide the information requested for any injury alleged to have been caused by asbestos-containing products through contact/proximity with another injured person. If you have contact/proximity with multiple injured persons, please complete a separate Part IV for each injured person. For your convenience, additional copies of Part IV are attached as Appendix E to this Questionnaire.

F. PART V -- Exposure to Non-Grace Asbestos-Containing Products

In Part V, please provide the requested information for each party against which you have filed a lawsuit and/or claim alleging exposure to asbestos-containing products other than Grace products. If you filed such lawsuits and/or claims against multiple parties, the Court has ordered that you must complete a separate Part V for each party. If exposure was in connection with your employment, use the list of occupation and industry codes in Part III to indicate your occupation and the industry in which you worked. For your convenience, additional copies of Part V are attached as Appendix F to this Questionnaire.

G. PART VI -- Employment History

In Part VI, please provide the information requested for each industrial job you have held, other than jobs already listed in Parts III or V. Use the list of occupation and industry codes in the instructions to Part III to indicate your occupation and the industry in which you worked for each job. Please use the copy of Part VI attached as Appendix G to this Questionnaire if additional space is needed.

H. PART VII -- Litigation and Claims Regarding Asbestos and/or Silica

In Part VII, please describe any lawsuits and/or claims that were filed by you or on your behalf regarding asbestos or silica.

I. PART VIII -- Claims by Dependents or Related Persons

Part VIII is to be completed only by dependents or related persons (such as spouse or child) of an injured person who sued the Debtors before April 2, 2001 for an asbestos-related personal injury or wrongful death claim against Grace not involving physical injury to him-/herself on account of his/her own exposure. One example of such a claim would be a claim for loss of consortium. If you are asserting such a claim, complete the entire Questionnaire, providing all information and documentation regarding the injured person.

J. PART IX -- Supporting Documentation

In Part IX, please mark the boxes next to each type of document that you are submitting with this Questionnaire. As indicated in the instructions to Parts II and III, this Questionnaire must be accompanied by copies, with access to originals upon request, of any and all documents you, your counsel, or your doctors have or subsequently obtain that (a) support or conflict with your diagnosis and/or (b) establish exposure to Grace asbestos-containing products as having a substantial causal role in the development of the medical diagnoses, and/or conditions claimed. Original documents provided to Grace will be returned within a reasonable time after its professionals and experts have reviewed the documents.

Grace will reimburse your reasonable expenses incurred in providing (a) copies of depositions you have given in lawsuits in which Grace was not a party and/or (b) any documents you have previously provided to Grace in prior litigation. Please indicate the documents for which you are seeking reimbursement and attach a receipt for such cost.

K. PART X -- Attestation that Information is True, Accurate and Complete

By signing Part X, you, the injured person, are attesting and swearing, under penalty of perjury, that, to the best of your knowledge, all of the information in this Questionnaire is true, accurate and complete. If the injured person is deceased, then the executor of the person's will (or similar estate representative) must complete and sign Part X on behalf of the injured person.

The legal representative of the injured person must complete and sign Part X where indicated.

PART I: IDENTITY OF INJURED PERSON AND LEGAL COUNSEL



a. GENERAL INFORMATION

REDACTED

1. Name of Claimant: _____ 2. Gender: ☒ Male ☐ Female
- First MI Last
3. Race (for purposes of evaluating Pulmonary Function Test results): Not on File ☐ White/Caucasian
☐ African American
☐ Other
4. Last Four Digits of Social Security Number: _____ 5. Birth Date: _____ REDACTED
6. Mailing Address: _____
 Address City State/Province Zip/Postal Code
7. Daytime Telephone Number: _____

b. LAWYER'S NAME AND FIRM

Client represented by Counsel, DO NOT CONTACT.

1. Name of Lawyer: Kevin M. Beery, Esq.
2. Name of Law Firm With Which Lawyer is Affiliated: Wilentz, Goldman, & Spitzer
3. Mailing Address of Firm: 88 Pine St. New York NY 10005
 Address City State/Province Zip/Postal Code
4. Law Firm's Telephone Number or Lawyer's Direct Line: (212) 267-3091
- ☒ Check this box if you would like the Debtors to send subsequent material relating to your claim to your lawyer, in lieu of sending such materials to you.

c. CAUSE OF DEATH (IF APPLICABLE)

1. Is the injured person living or deceased? ☐ Living ☒ Deceased
 If deceased, date of death: 12/03/2004
2. If the injured person is deceased, then attach a copy of the death certification to this Questionnaire and complete the following:
 Primary Cause of Death (as stated in the Death Certificate): Not available
 Contributing Cause of Death (as stated in the Death Certificate): Not available

PART II: ASBESTOS-RELATED CONDITION(S)

Mark the box next to the conditions with which you have been diagnosed and provide all information required in the instructions to this Questionnaire. If you have been diagnosed with multiple conditions and/or if you received diagnoses and diagnostic tests relating to the same condition by multiple doctors, please complete a separate Part II for each initial diagnosis and any previous or subsequent diagnoses or diagnostic tests that change or conflict with the initial diagnosis. For your convenience, additional copies of Part II are attached as Appendix C to this Questionnaire.

1. Please check the box next to the condition being alleged:

- ☐ Asbestos-Related Lung Cancer ☐ Mesothelioma
☐ Asbestosis ☐ Other Cancer (cancer not related to lung cancer or mesothelioma)
☐ Other Asbestos Disease ☐ Clinically Severe Asbestosis

a. Mesothelioma: If alleging Mesothelioma, were you diagnosed with malignant mesothelioma based on the following (check all that apply):

- ☐ diagnosis from a pathologist certified by the American Board of Pathology
☐ diagnosis from a second pathologist certified by the American Board of Pathology
☐ diagnosis and documentation supporting exposure to Grace asbestos-containing products having a substantial causal role in the development of the condition
☐ other (please specify): _____

PART II: ASBESTOS-RELATED CONDITION(S) (Continued)

- b. **Asbestos-Related Lung Cancer:** If alleging Asbestos-Related Lung Cancer, were lung cancer based on the following (check all that apply):
- ☐ findings by a pathologist certified by the American Board of Pathology
 - ☐ evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
 - ☐ evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
 - ☐ evidence of asbestosis determined by pathology
 - ☐ evidence of asbestos-related nonmalignant disease based on a chest x-ray reading of at least 1/0 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
 - ☐ evidence of asbestos-related nonmalignant disease based on a chest x-ray reading of at least 1/0 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
 - ☐ diffuse pleural thickening as defined in the International Labour Organization's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses (2000)*
 - ☐ a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the lung cancer
 - ☐ other (please specify): _____

c. **Other Cancer:**

- (i) If alleging Other Cancer, please mark the box(es) next to the applicable primary cancer(s) being alleged:
- ☐ colon ☐ pharyngeal ☐ esophageal ☐ laryngeal ☐ stomach cancer
- ☐ other, please specify: _____
- (ii) Were you diagnosed with the above-indicated cancer based on the following (check all that apply):
- ☐ findings by a pathologist certified by the American Board of Pathology
 - ☐ evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
 - ☐ evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
 - ☐ evidence of asbestosis determined by pathology
 - ☐ a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the cancer
 - ☐ other (please specify): _____

PART II: ASBESTOS-RELATED CONDITION(S) (Continued)

d. Clinically Severe Asbestosis: If alleging Clinically Severe Asbestosis, was your diagnosis (check all that apply):

- ☐ diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine
- ☐ a chest x-ray reading of at least 2/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 *International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
- ☐ a chest x-ray reading of at least 2/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 *International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
- ☐ asbestosis determined by pathology
- ☐ a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing; Selection of Reference Values and Interpretive Strategies*, demonstrating total lung capacity less than 65% predicted
- ☐ a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing; Selection of Reference Values and Interpretive Strategies*, demonstrating forced vital capacity less than 65% predicted and a FEV1/FVC ratio greater than or equal to 65% predicted
- ☐ a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the asbestosis
- ☐ other (please specify): _____

e. Asbestosis: If alleging Asbestosis, was your diagnosis based on the following (check all that apply):

- ☒ diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine
- ☒ a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's 2000 *International Classification of Radiographs of Pneumoconioses* by a B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
- ☐ a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's 2000 *International Classification of Radiographs of Pneumoconioses* by a second B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
- ☐ asbestosis determined by pathology
- ☐ a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing; Selection of Reference Values and Interpretive Strategies*, demonstrating a FEV1/FVC ratio greater than or equal to 65% predicted with either (a) total lung capacity less than 80% predicted or (b) forced vital capacity less than 80% predicted
- ☐ a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the asbestosis
- ☐ other (please specify): _____

PART II: ASBESTOS-RELATED CONDITION(S) (Continued)

- f. **Other Asbestos Disease:** If alleging any asbestos-related injuries, medical diagnoses, at those above, was your diagnosis based on the following (check all that apply):

- ☒ diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine
- ☐ diagnosis determined by pathology
- ☐ a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* by a B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
- ☐ a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* by a second B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
- ☐ a chest x-ray reading other than those described above
- ☐ a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing; Selection of Reference Values and Interpretive Strategies*, demonstrating a FEV1/FVC ratio greater than or equal to 65% predicted with either (a) total lung capacity less than 80% predicted or (b) forced vital capacity less than 80% predicted
- ☐ a pulmonary function test other than that discussed above
- ☐ a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the condition
- ☐ a CT Scan or similar testing
- ☐ a diagnosis other than those above
- ☒ other (please specify): Breeding showing bilateral pleural plaques

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PART II: ASBESTOS-RELATED CONDITION(S) (Continued)

WR GRACE PIQ 57784-0011

2. Information Regarding Diagnosis

Date of Diagnosis: 01/01/01

Diagnosing Doctor's Name: Dr. Stephen NewmanDiagnosing Doctor's Specialty: Pulmonary MedicineDiagnosing Doctor's Mailing Address: 35 Beaverson Blvd. -7C
AddressBrick, NJ 08723
City State/Province Zip/Postal Code

Diagnosing Doctor's Daytime Telephone Number: (732) 920-8022

With respect to your relationship to the diagnosing doctor, check all applicable boxes:

Was the diagnosing doctor your personal physician? ☐ Yes ☒ NoWas the diagnosing doctor paid for the diagnostic services that he/she performed? unknown ☐ Yes ☐ No

If yes, please indicate who paid for the services performed:

Did you retain counsel in order to receive any of the services performed by the diagnosing doctor? ☐ Yes ☐ No See objectionWas the diagnosing doctor referred to you by counsel? See objection ☐ Yes ☐ NoAre you aware of any relationship between the diagnosing doctor and your legal counsel? ☐ Yes ☒ No

If yes, please explain:

Was the diagnosing doctor certified as a pulmonologist or internist by the American Board of Internal Medicine at the time of the diagnosis? ☒ Yes ☐ NoWas the diagnosing doctor certified as a pathologist by the American Board of Pathology at the time of the diagnosis? ☐ Yes ☒ NoWas the diagnosing doctor provided with your complete occupational, medical and smoking history prior to diagnosis? unknown ☐ Yes ☐ NoDid the diagnosing doctor perform a physical examination? ☐ Yes ☐ NoDo you currently use tobacco products? ☐ Yes ☒ NoHave you ever used tobacco products? ☒ Yes ☐ No

If answer to either question is yes, please indicate whether you have regularly used any of the following tobacco products and the dates and frequency with which such products were used:

☒ Cigarettes Packs Per Day (half pack = .5) 1 Start Year 1952 End Year 1982☐ Cigars Cigars Per Day _____ Start Year _____ End Year _____☐ If Other Tobacco Products, please specify (e.g., chewing tobacco): _____
Amount Per Day _____ Start Year _____ End Year _____Have you ever been diagnosed with chronic obstructive pulmonary disease ("COPD")? ☐ Yes ☐ No

If yes, please attach all documents regarding such diagnosis and explain the nature of the diagnosis:

3. Information Regarding Chest X-Ray

Please check the box next to the applicable location where your chest x-ray was taken (check one):

☒ Mobile laboratory ☐ Job site ☐ Union Hall ☐ Doctor office ☐ Hospital ☐ Other: _____Address where chest x-ray taken: 1132 Hempstead Tpke.Franklin Square, NY
Address

City State/Province Zip/Postal Code

PART II: ASBESTOS-RELATED CONDITION(S) (Continued)



4. Information Regarding Chest X-Ray Reading

Date of Reading: 01/06/2000ILO score: 1/1; a-3, a-3Name of Reader: Dr. Stephen NewmanReader's Daytime Telephone Number: see above (____) ____ - ____Reader's Mailing Address: see above
Address

City _____ State/Province _____ Zip/Postal Code _____

With respect to your relationship to the reader, check all applicable boxes:

Was the reader paid for the services that he/she performed unknown ☐ Yes ☐ No

If yes, please indicate who paid for the services performed: _____

Did you retain counsel in order to receive any of the services performed by the reader? See objection ☐ Yes ☐ NoWas the reader referred to you by counsel? See objection ☐ Yes ☐ NoAre you aware of any relationship between the reader and your legal counsel? See objection ☐ Yes ☐ No

If yes, please explain: _____

Was the reader certified by the National Institute for Occupational Safety and Health at the time of the reading?

_____ ☒ Yes ☐ No

If the reader is not a certified B-reader, please describe the reader's occupation, specialty, and the method through which the reading was made: _____

5. Information Regarding Pulmonary Function Test: _____ Date of Test: ____/____/____

List your height in feet and inches when test given: _____ ft _____ inches

List your weight in pounds when test given: _____ lbs

Total Lung Capacity (TLC): _____ % of predicted

Forced Vital Capacity (FVC): _____ % of predicted

FEV1/FVC Ratio: _____ % of predicted

Name of Doctor Performing Test (if applicable): _____

Doctor's Specialty: _____

Name of Clinician Performing Test (if applicable): _____

Testing Doctor or Clinician's Mailing Address: _____
Address

City _____ State/Province _____ Zip/Postal Code _____

Testing Doctor or Clinician's Daytime Telephone Number: _____ (____) ____ - ____

Name of Doctor Interpreting Test: _____

Doctor's Specialty: _____

Interpreting Doctor's Mailing Address: _____
Address

City _____ State/Province _____ Zip/Postal Code _____

Interpreting Doctor's Daytime Telephone Number: _____ (____) ____ - ____

PART II: ASBESTOS-RELATED CONDITION(S) (Continued)

With respect to your relationship to the doctor or clinician who performed the pulmonary function test, check all applicable boxes:

If the test was performed by a doctor, was the doctor your personal physician? ☐ Yes ☐ No

Was the testing doctor and/or clinician paid for the services that he/she performed? ☐ Yes ☐ No

If yes, please indicate who paid for the services performed: _____

Did you retain counsel in order to receive any of the services performed by the testing doctor or clinician? ☐ Yes ☐ No *See objection*

Was the testing doctor or clinician referred to you by counsel? ☐ Yes ☐ No *See objection*

Are you aware of any relationship between either the doctor or clinician and your legal counsel? ☐ Yes ☐ No *See objection*

If yes, please explain: _____

Was the testing doctor certified as a pulmonologist or internist by the American Board of Internal Medicine at the time of the pulmonary function test? ☐ Yes ☐ No

With respect to your relationship to the doctor interpreting the results of the pulmonary function test check all applicable boxes:

Was the doctor your personal physician? ☐ Yes ☐ No

Was the doctor paid for the services that he/she performed? ☐ Yes ☐ No

If yes, please indicate who paid for the services performed: _____

Did you retain counsel in order to receive any of the services performed by the doctor? ☐ Yes ☐ No *See objection*

Was the doctor referred to you by counsel? ☐ Yes ☐ No *See objection*

Are you aware of any relationship between the doctor and your legal counsel? ☐ Yes ☐ No *See objection*

If yes, please explain: _____

Was the doctor interpreting the pulmonary function test results certified as a pulmonologist or internist by the American Board of Internal Medicine at the time the test results were reviewed? ☐ Yes ☐ No

6. Information Regarding Pathology Reports:

Date of Pathology Report: _____ / _____ / _____

Findings: _____

Name of Doctor Issuing Report: _____

Doctor's Specialty: _____

Doctor's Mailing Address: _____
Address

City _____ State/Province _____ Zip/Postal Code _____

Doctor's Daytime Telephone Number: _____ (____) _____ - _____

With respect to your relationship to the doctor issuing the pathology report, check all applicable boxes:

Was the doctor your personal physician? ☐ Yes ☐ No

Was the doctor paid for the services that he/she performed? ☐ Yes ☐ No

If yes, please indicate who paid for the services performed: _____

Did you retain counsel in order to receive any of the services performed by the doctor? ☐ Yes ☐ No *See objection*

Was the doctor referred to you by counsel? ☐ Yes ☐ No *See objection*

Are you aware of any relationship between the doctor and your legal counsel? ☐ Yes ☐ No *See objection*

If yes, please explain: _____

Was the doctor certified as a pathologist by the American Board of Pathology at the time of the diagnosis?

☐ Yes ☐ No

PART II: ASBESTOS-RELATED CONDITION(S) (Continued)

7. With respect to the condition alleged, have you received medical treatment from a doctor? ☐ Yes ☐ No

If yes, please complete the following:

Name of Treating Doctor: _____

Treating Doctor's Specialty: _____

Treating Doctor's Mailing Address: _____

Address

City

State/Province

Zip/Postal Code

Treating Doctor's Daytime Telephone number: _____ (____) _____ - _____

Was the doctor paid for the services that he/she performed? ☐ Yes ☐ No

If yes, please indicate who paid for the services performed: _____

Did you retain counsel in order to receive any of the services performed by the doctor? ☒ Yes ☐ No

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PART III: DIRECT EXPOSURE TO GRACE ASBESTOS-CONTAINING PRODUCTS

Please complete the chart below for each site at which you allege exposure to Grace asbestos-containing products. If you allege exposure at multiple sites, the Court has ordered that you must complete a separate chart for each site. For your convenience, additional copies of Part III are attached as Appendix D to this Questionnaire.

If exposure was in connection with your employment, use the list of occupation and industry codes in the Instructions to Part III to indicate your occupation and the industry in which you worked.

In the "Nature of Exposure" column, for each job listed, please indicate the letter(s) corresponding to whether you were any of the following during your exposure:

- (a) A worker who personally mixed Grace asbestos-containing products
 (b) A worker who personally removed or cut Grace asbestos-containing products
 (c) A worker who personally installed Grace asbestos-containing products
 (d) A worker at a site where Grace asbestos-containing products were being installed, mixed, removed or cut by others
 (e) A worker in a space where Grace asbestos-containing products were being installed, mixed, removed or cut by others
 (f) If other, please specify.

Site of Exposure:

Site Name: World Trade Center

Location: New York, NY

Site Type: ☐ Residence ☐ Business

Site Owner:

Employer During Exposure:

Unions of which you were a member during your employment:

	Product(s)	Basis for Identification of Each Grace Product	Dates and Frequency of Exposure (hours/day, days/year)	Occupation Code If Code 59, specify.	Industry Code If Code 118, specify.	Was exposure due to working in or around areas where product was being installed, mixed, removed, or cut? If Yes, please indicate your regular proximity to such areas	Nature of Exposure
Job 1 Description: <u>Police Officer</u>		<u>Obtained & used Grace Documents</u>	<u>Unknown</u>	<u>59 Police Officer</u>	<u>118 Public Safety</u>	<u>yes</u>	<u>D</u>
Job 2 Description:							
Job 3 Description:							
Job 4 Description:							
Job 5 Description:							
Job 6 Description:							



PART IV: INDIRECT EXPOSURE TO GRACE ASBESTOS-CONTAINING PRODUCTS

1. Are you asserting an injury caused by exposure to Grace asbestos-containing products through _____ with another injured person? ☐ Yes ☐ No

If yes, complete questions 2 through 10 of this section for each injured person through which you allege exposure to Grace asbestos-containing products. For your convenience, additional copies of Part IV are attached as Appendix E to this Questionnaire.

2. Please indicate the following information regarding the other injured person:

Name of Other Injured Person: _____ Gender: ☐ Male ☐ Female

Last Four Digits of Social Security Number: _____ Birth Date: ____/____/____

3. What is your Relationship to Other Injured Person: ☐ Spouse ☐ Child ☐ Other

4. Nature of Other Injured Person's Exposure to Grace Asbestos-Containing Products:

5. Dates Other Injured Person was Exposed to Grace Asbestos-Containing Products:

From: ____/____/____ To: ____/____/____

6. Other Injured Person's Basis for Identification of Asbestos-Containing Product as Grace Product:

7. Has the Other Injured Person filed a lawsuit related to his/her exposure? ☐ Yes ☐ No

If yes, please provide caption, case number, file date, and court name for the lawsuit:

Caption: _____

Case Number: _____ File Date: ____/____/____

Court Name: _____

8. Nature of Your Own Exposure to Grace Asbestos-Containing Product:

9. Dates of Your Own Exposure to Grace Asbestos-Containing Product:

From: ____/____/____ To: ____/____/____

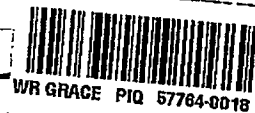
10. Your Basis for Identification of Asbestos-Containing Product as Grace Product:

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(a) A worker who personally mixed Non-Grace asbestos-containing products
(b) A worker who personally removed or cut Non-Grace asbestos-containing products
(c) A worker who personally installed Non-Grace asbestos-containing products

Party Against which Lawsuit or Claim was Filed:		Product(s)	Dates and Frequency of Exposure (hours/day, days/year)	Occupation Code <i>If Code 59, specify.</i>	Industry Code <i>If Code 118, specify.</i>	Was exposure due to working in or around areas where product was being installed, mixed, removed, or cut? <i>If Yes, please indicate your regular proximity to such areas</i>	Nature of Exposure
Site of Exposure 1 Site Name: _____ Address: _____ City and State: _____ Site Owner: _____		See attached Response to Part V					
Site of Exposure 2 Site Name: _____ Address: _____ City and State: _____ Site Owner: _____							
Site of Exposure 3 Site Name: _____ Address: _____ City and State: _____ Site Owner: _____							

PART VI: EMPLOYMENT HISTORY



Other than jobs listed in Part III or V, please complete this Part VI for all of your prior industrial work experience, including your current employment. For each job, include your employer, location of employment, and dates of employment. Only include jobs at which you worked for at least one month. Please use the copy of Part VI attached as Appendix G to this Questionnaire if additional space is needed.

Occupation Code: 59 If Code 59, specify: _____

Industry Code: 107 If Code 118, specify: _____

Employer: U.S. ARMY

Beginning of Employment: 01/01/1952 End of Employment: 01/01/1954

Location: _____
Address

City _____ State/Province _____ Zip/Postal Code _____

Occupation Code: 17 If Code 59, specify: _____

Industry Code: 118 If Code 118, specify: U.S. Post Office

Employer: _____

Beginning of Employment: 01/01/1957 End of Employment: 01/01/1962

Location: _____
Address

City _____ State/Province _____ Zip/Postal Code _____

Occupation Code: 59 If Code 59, specify: Police Officer

Industry Code: 118 If Code 118, specify: Housing Authority

Employer: New York City Housing Authority

Beginning of Employment: 01/01/1962 End of Employment: 01/01/1984

Location: Boruck House & Marble Hill House
Address

City: New York State/Province: NY Zip/Postal Code _____

Occupation Code: _____ If Code 59, specify: _____

Industry Code: _____ If Code 118, specify: _____

Employer: _____

Beginning of Employment: ____/____/____ End of Employment: ____/____/____

Location: _____
Address

City _____ State/Province _____ Zip/Postal Code _____

PART VII: LITIGATION AND CLAIMS REGARDING ASBESTOS AND/OR SILICA



a. LITIGATION

1. Have you ever been a plaintiff in a lawsuit regarding asbestos or silica? ☒ Yes ☐ No

If yes, please complete the rest of this Part VII(a) for each lawsuit. For your convenience, additional copies of Part VII are attached as Appendix G to this Questionnaire

2. Please provide the caption, case number, file date, and court name for the lawsuit you filed:

Caption: CANCRO V. ABB LUMINOUS COAST

Case Number: 11A842/00 File Date: 07/07/2000

Court Name: Supreme Court, State of New York

3. Was Grace a defendant in the lawsuit? ☒ Yes ☐ No

4. Was the lawsuit dismissed against any defendant? ☒ Yes ☐ No

If yes, please provide the basis for dismissal of the lawsuit against each defendant:

* See attached spreadsheet.
lack of product identification

5. Has a judgment or verdict been entered? ☐ Yes ☒ No

If yes, please indicate verdict amount for each defendant(s): _____

6. Was a settlement agreement reached in this lawsuit? ☒ Yes ☐ No

If yes and the settlement was reached on or after April 2, 2001, please indicate the following: See attached spreadsheet

a. Settlement amount for each defendant: completing objection

b. Applicable defendants: _____

c. Disease or condition alleged: _____

d. Disease or condition settled (if different than disease or condition alleged): _____

7. Were you deposed in this lawsuit? ☐ Yes ☒ No

If yes and Grace was not a party in the lawsuit, please attach a copy of your deposition to this Questionnaire.

b. CLAIMS

1. Have you ever asserted a claim regarding asbestos and/or silica, including but not limited to a claim against an asbestos trust (other than a formal lawsuit in court)? ☒ Yes ☐ No

If yes, please complete the rest of this Part VII(b). If no, please skip to Part VIII. * See attached spreadsheet.

2. Date the claim was submitted: _____ / _____ / _____

3. Person or entity against whom the claim was submitted: _____

4. Description of claim: _____

5. Was claim settled? ☐ Yes ☐ No

6. Please indicate settlement amount: _____ \$

7. Was the claim dismissed or otherwise disallowed or not honored? ☐ Yes ☐ No

If yes, provide the basis for dismissal of the claim: _____

PART VIII: CLAIMS BY DEPENDENTS OR RELATED PERSON

Name of Dependent or Related Person: **REDACTED** Gender: ☐ Male ☒ Female
 Last Four Digits of Social Security Number: _____ Birth Date: ____/____/____
 Financially Dependent: _____ ☒ Yes ☐ No
 Relationship to Injured Party: ☒ Spouse ☐ Child ☐ Other If other, please specify _____
 Mailing Address: **REDACTED**

City _____ State/Province _____ Zip/Postal Code _____
 Daytime Telephone number: _____

Client represented by Counsel, do not call

PART IX: SUPPORTING DOCUMENTATION

Please use the checklists below to indicate which documents you are submitting with this form.

Copies:

- | | |
|---|--|
| <input type="checkbox"/> Medical records and/or report containing a diagnosis | <input type="checkbox"/> X-rays |
| <input type="checkbox"/> Lung function test results | <input type="checkbox"/> X-ray reports/interpretations |
| <input type="checkbox"/> Lung function test interpretations | <input type="checkbox"/> CT scans |
| <input type="checkbox"/> Pathology reports | <input type="checkbox"/> CT scan reports/interpretations |
| <input type="checkbox"/> Supporting documentation of exposure to Grace asbestos-containing products | <input type="checkbox"/> Depositions from lawsuits indicated in Part VII of this Questionnaire |
| <input type="checkbox"/> Supporting documentation of other asbestos exposure | <input type="checkbox"/> Death Certification |

Originals:

- | | |
|---|--|
| <input type="checkbox"/> Medical records and/or report containing a diagnosis | <input type="checkbox"/> Supporting documentation of other asbestos exposure |
| <input type="checkbox"/> Lung function test results | <input type="checkbox"/> X-rays |
| <input type="checkbox"/> Lung function test interpretations | <input type="checkbox"/> X-ray reports/interpretations |
| <input type="checkbox"/> Pathology reports | <input type="checkbox"/> CT scans |
| <input type="checkbox"/> Supporting documentation of exposure to Grace asbestos-containing products | <input type="checkbox"/> CT scan reports/interpretations |
| | <input type="checkbox"/> Death Certification |

Grace will reimburse your reasonable expenses incurred in providing (a) copies of depositions you have given in lawsuits in which Grace was not a party and/or (b) any documents you have previously provided to Grace in prior litigation. Please indicate the documents for which you are seeking reimbursement and attach a receipt for such costs:

PART X: ATTESTATION THAT INFORMATION IS TRUE AND ACCURATE

The information provided in this Questionnaire must be accurate and truthful. This Questionnaire is an official court document that may be used as evidence in any legal proceeding regarding your Claim. The penalty for presenting a fraudulent Questionnaire is a fine of up to \$500,000 or imprisonment for up to five years, or both. 18 U.S.C. §§ 152 & 3571.
TO BE COMPLETED BY THE INJURED PERSON.

I swear, under penalty of perjury, that, to the best of my knowledge, all of the foregoing information contained in this Questionnaire is true, accurate and complete.

Signature: _____ Date: 06/26/2006
 Please Print Name: **REDACTED**

TO BE COMPLETED BY THE LEGAL REPRESENTATIVE OF THE INJURED PERSON.

I swear that, to the best of my knowledge, all of the information contained in this Questionnaire is true, accurate and complete.

Signature: K. Berry Date: 7/10/2006
 Please Print Name: Kevin Berry



RESPONSE TO PART V

The information requested does not presently exist in the format specified. Entities other than W.R. Grace who were named as defendants in claimant's third party asbestos lawsuit are set forth in the accompanying Defendant Summary Spreadsheet. However, since the exposures happened years ago, the claimant does not have personal knowledge of the present responsible entities named in the litigation on his/her behalf, and how such would be proven at trial is counsels' attorney work product. Further, the defendants named may not remain as active litigants due to bankruptcy, insolvency, settlement, dismissal, summary judgment, etc.

Consistent with New York law and practice where the claim was filed, discovery is not undertaken until a matter is trial listed, and recovery under New York law in a multiple employer – multiple job site case does not always require site specific product identification. Though still subject to continuing investigation and discovery, in effort to be as responsive as possible, attached is a list of the job sites where claimant was exposed to asbestos, and claimant's personal asbestos product identification information, to the extent these are presently known.

REDACTED

WR GRACE DEFENDANT SUMMARY
Client Defendant Summary

7/6/2006

Plaintiff Last	Plaintiff First	Defendant	Defendant Status	Plaintiff / Defendant Status	Settlement Agreement Name and Date
		A.C.S., INC.	Bankrupt		
		A.O. SMITH CORPORATION	Active	Not a defendant	
		A.P. GREEN INDUSTRIES, INC.	Bankrupt		
		A.W. CHESTERTON COMPANY	Active		A.W. CHESTERTON COMPANY: Jan 5 2001
		ABB LUMMUS CREST, INC.	Stayed		
		AMERICAN HARDWARE AND PAINT CO., INC.	Active		AMERICAN HARDWARE AND PAINT CO., INC.: Dec 21 2000
		AMERICAN STANDARD INC.	Active		
		ANCHOR PACKING COMPANY, THE	Bankrupt		
		ARMSTRONG WORLD INDUSTRIES, INC.	Bankrupt		
		ASBESTOS CLAIMS MANAGEMENT CORP.	Bankrupt		
		ASBESTOSPRAY CORP.	Insolvent		
		BABCOCK & WILCOX COMPANY, THE	Bankrupt		
		BANKRUPTCY-CELOTEX ASBESTOS SET	Bankrupt		BANKRUPTCY-CELOTEX ASBESTOS SETTLEMENT TRUST
		BANKRUPTCY-EAGLE-PICHER PERSONAL	Bankrupt		BANKRUPTCY-EAGLE-PICHER PERSONAL INJURY SETTLEMENT TRUST
		BANKRUPTCY-FORTY-EIGHT INSULATION	Bankrupt		BANKRUPTCY-FORTY-EIGHT INSULATION
		BANKRUPTCY-H.K. PORTER ASBESTOS T	Bankrupt		BANKRUPTCY-H.K. PORTER ASBESTOS TRUST
		BANKRUPTCY-MANVILLE PERSONAL INJ	Bankrupt		BANKRUPTCY-MANVILLE PERSONAL INJURY SETTLEMENT TRUST
		BANKRUPTCY-UNR ASBESTOS-DISEASE	Bankrupt		BANKRUPTCY-UNR ASBESTOS-DISEASE CLAIMS TRUST
		BERGEN INDUSTRIAL SUPPLY CO., INC.	Active	Not a defendant	
		BLACKMAN-PLUMBING SUPPLY COMPAN	Active		
		BORG WARNER MORSE TEC INC.	Active	Not a defendant	
		BURNHAM CORPORATION	Active	Not a defendant	
		BURNS AND ROE ENTERPRISES, INC.	Bankrupt		BURNS AND ROE ENTERPRISES, INC.: Dec 4 2000
		C.E. THURSTON & SONS, INCORPORATE	Bankrupt		
		CALON INSULATION CORP.	Active	Not a defendant	
		CAREY CANADA, INC.	Bankrupt		
		CELOTEX CORPORATION, THE	Bankrupt		
		CENTRAL HUDSON GAS & ELECTRIC CO	Active		CENTRAL HUDSON GAS & ELECTRIC CORPO: July 26, 2001
		CERRO WIRE & CABLE CO., INC.	Active		
		CERTAINTED CORPORATION	Active		
		CLEAVER-BROOKS COMPANY	Active		
		COMBUSTION ENGINEERING, INC.	Bankrupt		COMBUSTION ENGINEERING, INC.: Feb 26 2001
		CONGOLEUM CORPORATION, THE	Bankrupt	Not a defendant	
		CONSOLIDATED EDISON COMPANY OF N	Active		



REDACTED

WR GRACE DEFENDANT SUMMARY
Client Defendant Summary

7/6/2006

Plaintiff Last	Plaintiff First	Defendant	Defendant Status	Plaintiff / Defendant Status	Settlement Agreement Name and Date
		COURTER & COMPANY, INCORPORATED	Active		COURTER & COMPANY, INCORPORATED: Dec 12 2000
		CROWN, CORK & SEAL COMPANY, INC.	Active		CROWN, CORK & SEAL COMPANY, INC.: Jun 14, 2001
		DAIMLERCHRYSLER CORPORATION	Active	Not a defendant	
		DANA CORPORATION	Bankrupt		
		DB RILEY, INC.	Active	Not a defendant	
		DUCT MATE INDUSTRIES, INC.	Active		
		DURABLA MANUFACTURING COMPANY	Active		DURABLA MANUFACTURING COMPANY: Nov 21 2000
		DURO DYNE CORPORATION	Active		DURO DYNE CORPORATION: Dec 4 2000
		E&B MILL SUPPLY CO.	Active	Not a defendant	
		EAGLE-PICHER INDUSTRIES, INC.	Bankrupt		
		EASTCO INDUSTRIAL SAFETY CORPORA	Bankrupt		
		EASTERN REFRACTORIES COMPANY, INC	Active		
		EMPIRE-ACE INSULATION MFG. CORP.	Insolvent		
		FIBREBOARD CORPORATION	Bankrupt		
		FLEXITALLIC GROUP, INC., THE	Bankrupt		FLEXITALLIC GROUP, INC., THE: Sep 21 2000
		FLINTKOTE COMPANY, THE	Bankrupt		
		FORD MOTOR COMPANY	Active	Not a defendant	
		FOSTER WHEELER CORPORATION	Active		FOSTER WHEELER CORPORATION: Dec 21 2000
		GAF CORPORATION	Bankrupt		
		GARLOCK, INC.	Active		
		GENERAL ELECTRIC COMPANY	Active		
		GENERAL MOTORS CORPORATION	Active	Not a defendant	
		GENERAL REFRACTORIES COMPANY	Collection Iss		
		GEORGE A. FULLER COMPANY	Active		
		GEORGIA-PACIFIC CORPORATION	Active		GEORGIA-PACIFIC CORPORATION: Jun 21, 2001
		GIAMBOI BROS., INC.	Active		GIAMBOI BROS., INC.: Dec 21 2000
		GUYON GENERAL PIPING, INC.	Active		GUYON GENERAL PIPING, INC.: Dec 21, 2000
		H.B. SMITH COMPANY, INC.	Active	Not a defendant	
		H.K. PORTER COMPANY, INC.	Bankrupt		
		HARBISON-WALKER REFRACTORIES CO.	Bankrupt		
		HERCULES CHEMICAL COMPANY, INC.	Active	Not a defendant	
		HONEYWELL INTERNATIONAL, INC.	Active	Not a defendant	
		I.U. NORTH AMERICA, INC.	Active		
		IMO INDUSTRIES INC.	Active		



REDACTED

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WR GRACE DEFENDANT SUMMARY
Client Defendant Summary

7/6/2006

Plaintiff Last	Plaintiff First	Defendant	Defendant Status	Plaintiff / Defendant Status	Settlement Agreement Name and Date
		INGERSOLL-RAND COMPANY	Active		INGERSOLL-RAND COMPANY: Dec 19, 2000
		J.H. FRANCE REFRACTORIES CO., INC.	Active		J.H. FRANCE REFRACTORIES CO., INC.: Dec 21 2000
		JANOS INDUSTRIAL INSULATION, INC.	Insolvent		
		JOHN SORE, INC.	Active		JOHN SORE, INC.: June 22 2001
		JOHN W. WALLACE & CO.	Active		
		KAISER ALUMINUM & CHEMICAL CORPORA	Bankrupt		
		KAISER GYPSUM COMPANY, INC.	Active		
		KEENE CORPORATION	Bankrupt		
		KENTILE FLOOR, INC.	Bankrupt		
		KEWANEE-ROSS CORPORATION	Active	Not a defendant	
		KING INSULATION COMPANY, INC.	Active		KING INSULATION COMPANY, INC.: April 25 2001
		KOHLER COMPANY	Active	Not a defendant	
		LEEDS & NORTHRUP COMPANY	Active		
		LONG ISLAND LIGHTING COMPANY	Active		
		M.H. DETRICK COMPANY	Bankrupt		
		M.J. KELLY CO.	Active		
		MADSEN & HOWELL, INC.	Active	Not a defendant	
		MAREMONT CORPORATION	Active		
		MARIO & DIBONO PLASTERING CO., INC.	Active		
		METROPOLITAN REFRACTORIES CORPO	Bankrupt		
		MINNESOTA MINING & MANUFACTURING	Active		MINNESOTA MINING & MANUFACTURING COMPANY: May 12, 2004
		MORSE-DIESEL INTERNATIONAL INC.	Active		
		NATIONAL SERVICES INDUSTRIES, INC.	Active		
		NEW YORK PROTECTIVE COVERING IND	Collection Iss		
		NORTH AMERICAN REFRACTORIES CO.	Bankrupt		
		NOSROC CORPORATION	Active		
		ORANGE AND ROCKLAND UTILITIES, INC	Active		
		OWENS-CORNING FIBERGLAS CORPORA	Bankrupt		
		OWENS-ILLINOIS, INC.	Active		OWENS-ILLINOIS, INC.: Dec 14, 2005
		PEERLESS HEATER COMPANY, THE	Active	Not a defendant	
		PFIZER, INC.	Stayed		
		PITTSBURGH CORNING CORPORATION	Bankrupt		
		PORTER HAYDEN COMPANY	Bankrupt	Not a defendant	
		PPG INDUSTRIES, INC.	Stayed		



REDACTED

WR GRACE DEFENDANT SUMMARY
Client Defendant Summary

7/6/2006

Plaintiff Last	Plaintiff First	Defendant	Defendant Status	Plaintiff / Defendant Status	Settlement Agreement Name and Date
		Pre-Pack A.C.&S., Inc.	Pre-Pack		Pre-Pack A.C.&S., Inc.: Nov 21, 2003
		Pre-Pack Combustion Engineering	Pre-Pack		Pre-Pack Combustion Engineering: Jun 3, 2003
		Pre-Pack Halliburton	Pre-Pack		Pre-Pack Halliburton: Mar 14 2003
		Pre-Pack Narco/Honeywell	Pre-Pack		Pre-Pack Narco/Honeywell: Mar 14, 2003
		PUERTO RICO SAFETY EQUIPMENT CORP	Bankrupt		
		PULMOSAN SAFETY EQUIPMENT CORPO	Active		
		QUIGLEY COMPANY, INC.	Bankrupt		
		RAPID AMERICAN CORP.	Collection Iss		
		RARITAN SUPPLY COMPANY	Active	Not a defendant	
		RESEARCH COTTRELL, INC.	Active		RESEARCH COTTRELL, INC.: Jan 1 1981
		RHONE-POULENC, INC.	Active		
		ROBERT A. KEASBEY COMPANY	Collection Iss		
		ROBERTSON CECO CORPORATION	Active		ROBERTSON CECO CORPORATION - H.H. ROBERTSON: Dec 4, 2000
		ROCK WOOL MANUFACTURING COMPAN	Bankrupt		
		ROCKBESTOS WIRE AND CABLE CO.	Active		
		RUTLAND FIRE CLAY COMPANY	Bankrupt		
		S.W. ANDERSON SALES CORP.	Active		
		SAFEGUARD INDUSTRIAL EQUIPMENT CO	Insolvent		SAFEGUARD INDUSTRIAL EQUIPMENT CO.: July 21, 2005 NY
		SEQUOIA VENTURES, INC.	Active		
		SID HARVEY INDUSTRIES, INC.	Active		
		SOUTHERN TEXTILE CORPORATION	Bankrupt		
		SPRAYCRAFT CORPORATION	Insolvent		
		STANDARD INSULATION CO.	Insolvent		
		STATE INSULATION CORP.	Active	Not a defendant	
		STONE & WEBSTER ENGINEERING CORP	Bankrupt		
		TEXACO REFINING and MARKETING INC.	Active	Not a defendant	
		THOMAS O'CONNOR & CO., INC.	Active		THOMAS O'CONNOR & CO., INC.: June 22 2001
		TISHMAN LIQUIDATING CORP.	Active		
		TISHMAN REALTY & CONSTRUCTION CO.	Active		
		TREADWELL CORPORATION	Active		
		TURNER & NEWALL, P.L.C.	Bankrupt		
		TURNER CONSTRUCTION COMPANY	Active		
		UNION CARBIDE CORPORATION	Active		
		UNIROYAL, INC.	Active		UNIROYAL, INC.: Sep 21 2000



REDACTED

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WR GRACE DEFENDANT SUMMARY
Client Defendant Summary

7/6/2006

Plaintiff Last	Plaintiff First	Defendant	Defendant Status	Plaintiff / Defendant Status	Settlement Agreement Name and Date
REDACTED		UNITED STATES GYPSUM COMPANY	Bankrupt		
		UNITED STATES MINERAL PRODUCTS CO	Bankrupt		
		UTICA BOILERS, INC.	Active	Not a defendant	
		VIACOM, INC.	Active		
		W.R. GRACE & CO. - CONN.	Bankrupt		
		WEIL-McLAIN	Active		
		WOLFF & MUNIER SERVICE COMPANY, IN	Bankrupt		
		WOOLSULATE CORPORATION	Active		WOOLSULATE CORPORATION: Jan 1 1981
		WORTHINGTON CORPORATION	Bankrupt		WORTHINGTON CORPORATION: Sep 21 2000
		YORK INDUSTRIES CORP.	Active		YORK INDUSTRIES CORP.: Oct 30, 2002

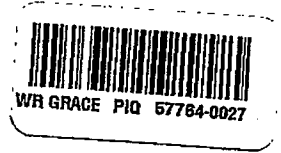


7/6/2006

3jcdy01_1
Bankruptcy Claims Export

Defendant	Claim Type	Claim Settlement Amount	Pl. Last	Pl. First	Claim File Date	Claim Rejected	Claim Deactivated	Claim Disallowed
BANKRUPTCY-CELOTEX ASBESTOS SETTLE	Settlement Trust Claim				06/28/2000			
BANKRUPTCY-EAGLE-PICHER PERSONAL IN	Settlement Trust Claim	0.00			06/28/2000			11/04/2002
BANKRUPTCY-FORTY-EIGHT INSULATION	Settlement Trust Claim	0.00			06/28/2000	03/02/2001		
BANKRUPTCY-H.K. PORTER ASBESTOS TRU	Settlement Trust Claim	0.00			06/28/2000	07/12/2004		
BANKRUPTCY-MANVILLE PERSONAL INJUR	Settlement Trust Claim	1,250.00			09/24/2003			
BANKRUPTCY-UNR ASBESTOS-DISEASE CL	Settlement Trust Claim				06/28/2000			
Pre-Pack Combustion Engineering	PrePack Claim	3,000.00						
Pre-Pack Halliburton	PrePack Claim	4,000.00						
Pre-Pack Narco/Honeywell	PrePack Claim	6,000.00						

REDACTED



Stephen L. Newman, M.D., M.B.A. F.A.C.P., F.C.C.P. FASDA

American Board Certified in
Internal, Pulmonary, Critical Care
And
Sleep Disorders Medicine



35 Beaverson Blvd. 7C
Brick, New Jersey 08723

Telephone (732) 920-8022
Fax (732) 920-8066

Philip A. Pahigian, Esq.
Wilentz, Goldman & Spitzer
90 Woodbridge Center Drive
Box 10 Suite 900
Woodbridge, New Jersey 07095

RE: **REDACTED**

Dear Mr. Pahigian,

January 14, 2000

I have read the chest x-ray taken on December 18, 1999 at Franklin Square, NY and have enclosed my ILO grade B reader report. There is evidence of asbestos related parenchymal and pleural disease.

A follow-up examination, scheduled by your office, to determine the severity of the asbestos related disease is recommended.

Sincerely,

Stephen L. Newman, M.D., F.A.C.P., F.C.C.P.

REDACTED

TYPE OF READING.

A ☒ B ☐ P ☐

WR GRACE PIQ 67784-0029

1A. DATE OF X-RAY MONTH <input type="text" value="11"/> DAY <input type="text" value="18"/> YR <input type="text" value="97"/>		1B. FILM QUALITY <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> U/R		1C. IS FILM COMPLETELY NEGATIVE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																																		
2A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		COMPLETE 2B and 2C <input type="checkbox"/> NO <input type="checkbox"/>		PROCEED TO SECTION 1 <input checked="" type="checkbox"/>																																		
2B. SMALL OPACITIES a. SHAPE/SIZE PRIMARY SECONDARY <table border="1" style="display: inline-table; margin-right: 10px;"> <tr><td>P</td><td>S</td></tr> <tr><td>Q</td><td>T</td></tr> <tr><td>R</td><td>U</td></tr> </table> <table border="1" style="display: inline-table;"> <tr><td>P</td><td>S</td></tr> <tr><td>Q</td><td>T</td></tr> <tr><td>R</td><td>U</td></tr> </table>		P	S	Q	T	R	U	P	S	Q	T	R	U	b. ZONES <table border="1" style="display: inline-table;"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>											c. PROFUSION <table border="1" style="display: inline-table;"> <tr><td>%</td><td>%</td><td>%</td></tr> <tr><td>1/0</td><td>1/2</td><td>2/2</td></tr> <tr><td>2/1</td><td>2/2</td><td>2/3</td></tr> <tr><td>3/2</td><td>3/3</td><td>3/4</td></tr> </table>		%	%	%	1/0	1/2	2/2	2/1	2/2	2/3	3/2	3/3	3/4
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3/2	3/3	3/4																																				
2C. LARGE OPACITIES SIZE <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C		PROCEED TO SECTION 3 <input checked="" type="checkbox"/>																																				
3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		COMPLETE 3B, 3C and 3D <input type="checkbox"/> NO <input type="checkbox"/>		PROCEED TO SECTION 4 <input checked="" type="checkbox"/>																																		
3B. PLEURAL THICKENING a. DIAPHRAGM (plaque) SITE <input checked="" type="checkbox"/> R <input type="checkbox"/> L b. COSTOPHRIC ANGLE SITE <input checked="" type="checkbox"/> R <input type="checkbox"/> L		3C. PLEURAL THICKENING... Chest Wall a. CIRCUMSCRIBED (plaque) SITE IN PROFILE i. WIDTH ii. EXTENT FACE ON iii. EXTENT																																				
a. DIAPHRAGM (plaque) SITE <input checked="" type="checkbox"/> R <input type="checkbox"/> L b. COSTOPHRIC ANGLE SITE <input checked="" type="checkbox"/> R <input type="checkbox"/> L		a. CIRCUMSCRIBED (plaque) SITE IN PROFILE i. WIDTH ii. EXTENT FACE ON iii. EXTENT																																				
3D. PLEURAL CALCIFICATION SITE <input checked="" type="checkbox"/> R <input type="checkbox"/> L a. DIAPHRAGM b. WALL c. OTHER SITES		SITE <input checked="" type="checkbox"/> L <input type="checkbox"/> R a. DIAPHRAGM b. WALL c. OTHER SITES																																				
4A. ANY OTHER ABNORMALITIES? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		COMPLETE 4B and 4C <input type="checkbox"/> NO <input type="checkbox"/>		PROCEED TO SECTION 5 <input checked="" type="checkbox"/>																																		
4B. OTHER SYMBOLS (OBLIGATORY) <table border="1" style="width:100%;"> <tr> <td>O</td><td>ax</td><td>bu</td><td>ca</td><td>cn</td><td>co</td><td>cp</td><td>cv</td><td>di</td><td>el</td><td>em</td><td>es</td><td>fr</td><td>hi</td><td>ho</td><td>in</td><td>kl</td><td>pi</td><td>px</td><td>rp</td><td>tb</td> </tr> </table>						O	ax	bu	ca	cn	co	cp	cv	di	el	em	es	fr	hi	ho	in	kl	pi	px	rp	tb												
O	ax	bu	ca	cn	co	cp	cv	di	el	em	es	fr	hi	ho	in	kl	pi	px	rp	tb																		
Report items which may be of present clinical significance in this section. <input checked="" type="checkbox"/> (SPECIFY od.) <u>STERNAL WIRES</u>																																						
4C. OTHER COMMENTS <div style="border: 1px solid black; height: 40px; width: 100%;"></div>																																						
SHOULD WORKER SEE PERSONAL PHYSICIAN BECAUSE OF COMMENTS IN SECTION 4C. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																																						

5. FILM READER'S INITIALS

SLN

PHYSICIAN'S SOCIAL SECURITY NUMBER*

052 40 7722

DATE OF READING:

MONTH DAY YR

Newman Stephen Lawrence

35 Beaverson Blvd Suite 7C Brick, NJ 08723

Complete if
social security
number is not
furnished

*Furnishing your social security number is voluntary.

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Fax (212) 267-3828

<http://www.wilentz.com>

Please reply to:
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Direct Dial: (732) 855-6082
Direct Fax: (732) 726-6612

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HENRY M. SPITZER (1922-1988)

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DEEPA KAREN
DANIEL A. PRUPIS

• Certified Civil Trial Attorney
□ Certified Criminal Trial Attorney
+ Certified Matrimonial Attorney
† Certified Workers Compensation Attorney
* National Certified Civil Trial Specialist
Approved by the ABA
1 Not admitted NJ
2 Admitted NY
3 Admitted PA
4 Admitted CT
5 Admitted DC
6 Admitted MA
7 Admitted MD
8 Admitted VA
9 Admitted CA
10 Admitted FL

July 11, 2006

VIA UPS OVERNIGHT DELIVERY

Rust Consulting, Inc.
Claims Processing Agent
Re: W.R. Grace & Co. Bankruptcy
201 S. Lyndale Avenue
Faribault, MN 55021

Re: W.R. Grace Asbestos Personal Injury Questionnaires

Dear Claims Agent:

We represent various holders of pre-petition personal injury claims. With regard to the debtors Discovery Questionnaire to claimants, due July 12, 2006, we advise as follows:

- Annexed at Exhibit A is a spreadsheet listing 406 claimants represented by our firm for whom we are enclosing completed and signed Questionnaires.
- Annexed at Exhibit B is a spreadsheet listing 119 claimants represented by our firm for whom we are enclosing unsigned copies of Questionnaires. Originals were forwarded to our clients and they have not as yet been returned to us signed. When we do receive the signed originals, we will forward them under separate cover unless we are advised by you to the contrary.

**WILENTZ
GOLDMAN
& SPITZER P.A.**
ATTORNEYS AT LAW

July

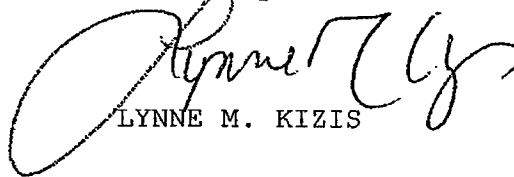


Page 2

- c. Annexed at Exhibit C are three spreadsheets listing a total of 364 of our clients for whom no Questionnaire is being answered. According to our records, the pre-petition claims of these clients had been fully disposed of prior to the filing date of the petition, either by settlement, dismissal, summary judgment, etc.

If you have any questions, please contact me or my Bankruptcy Coordinator, Donna Briganti at (732) 855-6082.

Sincerely,



LYNNE M. KIZIS

LMK/db/hd

cc: Kevin M. Berry, Esq.

Wilentz, Goldman & Spitzer, New York



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ERIC WESLEK 2122673091 WILENTZ GOLDMAN & SPITZER - N 88 PINE STREET, 9TH FLOOR NEW YORK NY 10005		29 LBS	1 OF 1
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	MN 550 2-01 		
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